

MassHealth Drug List Updates

Archives

Original posting date, November 14, 2002; Effective December 2, 2002

Updates to the List

The updates to the list are effective immediately, unless otherwise specified.

1. New Requirements for Statins

The Division's policy permits a valid prescription written before December 2, 2002, for any statin listed below with new prior-authorization requirements, to be filled or refilled for the life of the prescription without prior authorization. Nevertheless, the Division encourages prescribers to consider switching their MassHealth patients to statins that do not require prior authorization, as soon as possible, when clinically appropriate to do so.

The following drugs will require prior authorization effective December 2, 2002.

Altacor (extended release lovastatin) – PA

Pravachol (pravastatin) – PA

Zocor (simvastatin) – PA

Please note: The Division does not require prior authorization for the following statins:

Lescol (fluvastatin)

Lescol XL (fluvastatin extended release)

Lipitor (atorvastatin)

lovastatin (however, brand-name lovastatin (Mevacor #) does require prior authorization.

See [Table 13](#) for more information about statins.

2. New Prior-Authorization Form

[Statin Prior Authorization Request Form](#)

3. Additions

- a. The following newly marketed drug has been added to the MassHealth Drug List.

Lexapro (escitalopram)

- b. The following drugs have been added to the MassHealth Drug List. These drugs had inadvertently been omitted from the list, and their addition to the list does not reflect any change in the Division's policy.

Frova (frovatriptan)

Maxalt-MLT (rizatriptan orally disintegrating tablets)

Mesnex (mesna)

Zomig-ZMT (zolmitriptan orally disintegrating tablets)

4. Deletions

The following drug has been deleted from the MassHealth Drug List because there are no FDA-sanctioned indications for this drug.

yohimbine

5. Change in PA status

The following drugs no longer require prior authorization.

NuvaRing (etonogestrel/ethinyl estradiol)

Ortho-Evra (ethinyl estradiol/norelgestromin)

6. Correction to previous update

Portia is the FDA "A"-rated generic equivalent of Levlen and Nordette, not Tri-Levlen as was stated in error in the October 1, 2002 update of the MassHealth Drug List. The Division apologizes for this error.

7. Update PA form for Prilosec and Prevacid

The Division has amended the [Proton Pump Inhibitor Prior Authorization Request Form](#) to reflect the prior-authorization requirement of Prilosec for MassHealth members of all ages that went into effect on October 1, 2002. Prior to October 1, 2002, prior authorization was required for Prilosec only for members aged 16 and older.

8. Correction to Table 1 – Immune Globulins

Cytomegalovirus immune globulin IV, human (CMV-IGIV) – CytoGam and respiratory syncytial virus immune globulin IV, human (RSV-IGIV) – RespiGam are now available through MedImmune, not the Massachusetts Public Health Biologic Laboratories. The ‡ symbol, which indicates that the product must be obtained through the Massachusetts Public Health Biologic Laboratories, has therefore been removed for CytoGam and RespiGam. Please note that

immune globulin IM, human (IGIM; gamma globulin; IgG) – immune serum globulin and varicella-zoster immune globulin IM, human (VZIG) must still be obtained through the Massachusetts Public Health Biologic Laboratories, as indicated on [Table 1](#).

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